IN UNIT LINKED PLANS, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER (APPLICABLE FOR ULIP POLICY) Policy no. FOR OFFICE USE ONLY - Ver 3.9 Customer LD For Existing Customer Proposal Number NUP For Bancassurance Channel Only Bank Partner Bank Branch Code Advisor Name Life Insurance Advisor Number Customer Seament SP Certificate No Product Name **SECTOR** Urban Rural Social NRI Unique Village Code PROPOSAL DEPOSIT DETAILS Voucher Number Cheque/DD No Date Amount STAFF HNI 🗌 Drawn on **Proposal Form** Notes: The proposer should be satisfied with the details of the product(s) and must pay specific attention to the Key Features brochure of the product(s). Receipt by the Company of the completed proposal and initial payment does not create any obligation on the part of the Company to underwrite the risk, and the Company shall not be liable until such time it has underwritten the risk and issued the policy. Units shall be allocated on the day the proposal is completed and results into a policy by adjustment of application money towards premium. (Applicable For Ulip Policy The initial payment must accompany this proposal and may be paid by cash, crossed cheque or demand draft made payable to **Aviva Life Insurance Account Proposal Number** "......" at the location of the Branch Office or in any other manner as may be approved by the Company. In case of cash deposits, refunds (if any) will be made by cheque only. In accordance with Section 45 of the Insurance Act 1938, as amended from time to time, the proposer is required to give full and accurate information to enable the Company underwrite this proposal. Proof of age is mandatory Please counter sign on alterations/overwriting/ink change, if any, made in the proposal form. The advisor is not authorised to collect cash/bearer cheque that is meant for the company In the event the Proposal is withdrawn by the Proposer before issuance of the Policy, the Company shall refund the application money after deduction of the expenses incurred on medical examination of the Proposer, if applicable. If a particular section is not applicable to you please write "NA" or "-" and proposal form has to be completely filled. Aviva shall contact you for the verification purposes, which is basis your Contactability. NAV would be the later of date of credit / date of underwriting / date of verification, whichever is later. Benefit illustration is an integral part of this application. This needs to be signed by the policyholder. Riders are not mandatory and are available at an extra cost. 1. Details of the First Life to be insured (Please complete in CAPITAL LETTERS) Full Name: THIS IS HOW YOUR NAME WILL APPEAR ON THE POLICY CERTIFICATE. PLEASE LEAVE A SPACE BETWEEN EACH PART OF THE NAME. Title: Mr. / Mrs. / Ms. / Dr. First Name Middle Name Affix Photo Surname 1.2 Maiden Name (in case of married female life to be insured) Title: Ms. / Dr First Name Middle Name Surname 1.3 Father's Name Title: Mr. / Dr. First Name Middle Name Surname 1.5 Gender 1.6 Marital Date of Birth 1.4 Male Unmarried Married 1.7 No. of Children Status Greater than 3 NA Female Widow(er) Divorced Date Month Person of Indian Origin 1.8 Nationality Indian Foreign National ¹Specify Nationality 1.9 Residential Status Residing in India Not Residing in India¹ ¹Specify Country of residence Residence Permanent Office 1.10 Communication Address 1.11 Current Residential Address (PLEASE LEAVE A SPACE BETWEEN EACH PART OF THE ADDRESS) Address (Please include c/o.s/o.w/o.d/o h/o,f/o wherever necessary) Pin Code City/Village State District Phone Mobile STD Code

| 1.12 Permanent Address | (IF DIFFERENT | ROM CURRENT RESIDENTIAL ADDRESS) | |
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| Address (please include | | | |
| c/o,s/o,w/o,d/o,h/o,f/o wherever necessary) | | | |
| Wholever hoodsdary) | | | |
| | | . - | _!_!_!_!_!_!_ |
| | | | |
| | Landmark | | Pin Code |
| City/Village | | District | State |
| Phone | | Mobile | |
| THOR | STD Code | Phone No. | |
| 1.13 Educational Qualification | | Graduate Diploma 12th Pass Below 12 | tth Others (Specify) |
| | H | | |
| 1.14 Occupation | Salaried | Business Owner Self-employed Student | |
| 19 | Housewife | Retired/Pensioner Agriculturist Others (Spec | ify) |
| | If student (a) Course | resently pursuing, (b) Name of Institution | , (c) Duration of Course |
| Work details of life to be | | ding In Food Grain / Textiles, Driving Taxi / Business of Diamond | Export etc) |
| 1.13 Exact Nature of Duties (G | ive Description e.g. 1 | uning in Food Grain / Textiles, Driving Taxi / Business of Diamond | export etc.) |
| 1.16 Your Designation | | | ** |
| and the second s | iated with any specifi | hazard (e.g. Chemical factory, mines, explosives, corrosive chemi | cals etc.) YES NO |
| If yes, please give details | | , , , , , , , , , , , , , , , , , , , , | , [] |
| | A | | 1 1 1 1 1 1 1 1 |
| 1.18 Name of Organisation/Busines | s | | _ _!_!_!_ |
| Address | | | |
| | | | |
| | | | |
| | Landmark | | Pin Code |
| City | | State | |
| Phone | | | |
| | STD Code | Phone No. | |
| 1.19 Life Assured's Annual Inco | | If not earning, Parent's/Spouse's Annual Income Rs. | |
| | 1 1 1 1 | | |
| 1.20 E-mail ID | | | |
| 1.21 Age proof School/0 | | ¬ □ | Others (Speciful) |
| 1.21 Age proof | College Certificate | Municipal Records Defence ID Card Passport | Others (Specify) |
| | College Certificate | | Others (Specify) |
| 1.22 Income Tax PAN Number | LLLL | | |
| 1.22 Income Tax PAN Number | LLLL | sured (Please complete in CAPITAL LETTERS) | |
| 1.22 Income Tax PAN Number 2. Details of the Second | ond Life to be i | | if applicable |
| 1.22 Income Tax PAN Number 2. Details of the Second | ond Life to be in | sured (Please complete in CAPITAL LETTERS) | if applicable TWEEN EACH PART OF THE NAME. |
| 1.22 Income Tax PAN Number 2. Details of the Second Secon | ond Life to be in | sured (Please complete in CAPITAL LETTERS) EAR ON THE POLICY CERTIFICATE, PLEASE LEAVE A SPACE BE | if applicable TWEEN EACH PART OF THE NAME. |
| 1.22 Income Tax PAN Number 2. Details of the Second Secon | ond Life to be in | sured (Please complete in CAPITAL LETTERS) EAR ON THE POLICY CERTIFICATE, PLEASE LEAVE A SPACE BE | if applicable TWEEN EACH PART OF THE NAME. |
| 1.22 Income Tax PAN Number 2. Details of the Second Secon | ond Life to be in | sured (Please complete in CAPITAL LETTERS) EAR ON THE POLICY CERTIFICATE. PLEASE LEAVE A SPACE BE | if applicable TWEEN EACH PART OF THE NAME. |
| 1.22 Income Tax PAN Number 2. Details of the Second Table 1.22 Income Tax PAN Number 2.1 Full Name : THIS IS HOW Title : Mr. / Mrs. / Ms. / Dr. Middle Name 2.2 Maiden Name (in case of mainly income of mainl | ond Life to be in YOUR NAME WILL AF First Name | Sured (Please complete in CAPITAL LETTERS) EAR ON THE POLICY CERTIFICATE. PLEASE LEAVE A SPACE BE Surname | if applicable TWEEN EACH PART OF THE NAME. |
| 1.22 Income Tax PAN Number 2. Details of the Second Secon | ond Life to be in | Sured (Please complete in CAPITAL LETTERS) EAR ON THE POLICY CERTIFICATE. PLEASE LEAVE A SPACE BE Surname | if applicable TWEEN EACH PART OF THE NAME. |
| 1.22 Income Tax PAN Number 2. Details of the Second Table 1.22 Income Tax PAN Number 2.1 Full Name: THIS IS HOW Title: Mr. / Mrs. / Ms. / Dr. Middle Name 2.2 Maiden Name (in case of mail Title: Ms. / Dr. | ond Life to be in YOUR NAME WILL AF First Name | Sured (Please complete in CAPITAL LETTERS) EAR ON THE POLICY CERTIFICATE. PLEASE LEAVE A SPACE BE Surname Surname sured) | if applicable TWEEN EACH PART OF THE NAME. |
| 1.22 Income Tax PAN Number 2. Details of the Second Table 1.22 Income Tax PAN Number 2.1 Full Name : THIS IS HOW Title : Mr. / Mrs. / Ms. / Dr. Middle Name 2.2 Maiden Name (in case of mainly income of mainl | ond Life to be in YOUR NAME WILL AF First Name | Sured (Please complete in CAPITAL LETTERS) EAR ON THE POLICY CERTIFICATE. PLEASE LEAVE A SPACE BE Surname | if applicable TWEEN EACH PART OF THE NAME. |
| 1.22 Income Tax PAN Number 2. Details of the Second Tax PAN Number 2.1 Full Name: THIS IS HOW Title: Mr. / Mrs. / Ms. / Dr. Middle Name 2.2 Maiden Name (in case of maitie: Ms. / Dr. Middle Name Middle Name | ond Life to be in YOUR NAME WILL AF First Name | Sured (Please complete in CAPITAL LETTERS) EAR ON THE POLICY CERTIFICATE. PLEASE LEAVE A SPACE BE Surname Surname sured) | if applicable TWEEN EACH PART OF THE NAME. |
| 1.22 Income Tax PAN Number 2. Details of the Second Tax PAN Number 2.1 Full Name: THIS IS HOW Title: Mr. / Mrs. / Ms. / Dr. Middle Name 2.2 Maiden Name (in case of maidel in case of maidel | OND Life to be in YOUR NAME WILL AFFIRST Name arried female life to be First Name | Sured (Please complete in CAPITAL LETTERS) EAR ON THE POLICY CERTIFICATE. PLEASE LEAVE A SPACE BE Surname Surname sured) | if applicable TWEEN EACH PART OF THE NAME. |
| 1.22 Income Tax PAN Number 2. Details of the Second Tax PAN Number 2.1 Full Name: THIS IS HOW Title: Mr. / Mrs. / Ms. / Dr. Middle Name 2.2 Maiden Name (in case of maitie: Ms. / Dr. Middle Name Middle Name | ond Life to be in YOUR NAME WILL AF First Name | Sured (Please complete in CAPITAL LETTERS) EAR ON THE POLICY CERTIFICATE. PLEASE LEAVE A SPACE BE Surname Surname sured) | if applicable TWEEN EACH PART OF THE NAME. |
| 1.22 Income Tax PAN Number 2. Details of the Second Title: Mr. / Mrs. / Ms. / Dr. Middle Name | OND Life to be in YOUR NAME WILL AFFIRST Name arried female life to be First Name | Sured (Please complete in CAPITAL LETTERS) EAR ON THE POLICY CERTIFICATE. PLEASE LEAVE A SPACE BE Surname Surname Surname Surname Surname | if applicable TWEEN EACH PART OF THE NAME. |
| 1.22 Income Tax PAN Number 2. Details of the Second Tax PAN Number 2.1 Full Name: THIS IS HOW Title: Mr. / Mrs. / Ms. / Dr. Middle Name 2.2 Maiden Name (in case of maidel in case of maidel | OND Life to be in YOUR NAME WILL AFFIRST Name arried female life to be First Name | Sured (Please complete in CAPITAL LETTERS) EAR ON THE POLICY CERTIFICATE. PLEASE LEAVE A SPACE BE Surname Surname sured) | if applicable TWEEN EACH PART OF THE NAME. |
| 1.22 Income Tax PAN Number 2. Details of the Second Title: Mr. / Mrs. / Ms. / Dr. Middle Name | POND LIFE TO BE IN YOUR NAME WILL AFFIRST Name Arrived female life to be First Name Arrived First Name | Sured (Please complete in CAPITAL LETTERS) EAR ON THE POLICY CERTIFICATE. PLEASE LEAVE A SPACE BE Surname Surname Surname Surname Surname Surname | if applicable TWEEN EACH PART OF THE NAME. LLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLL |
| 1.22 Income Tax PAN Number 2. Details of the Second Title: Mr. / Mrs. / Ms. / Dr. Middle Name | OND Life to be in YOUR NAME WILL AFFIRST Name arried female life to be First Name | Sured (Please complete in CAPITAL LETTERS) EAR ON THE POLICY CERTIFICATE. PLEASE LEAVE A SPACE BE | if applicable TWEEN EACH PART OF THE NAME. |
| 1.22 Income Tax PAN Number 2. Details of the Second Title: Mr. / Mrs. / Ms. / Dr. Middle Name (in case of matter) Title: Ms. / Dr. Middle Name (in case of matter) Title: Mr. / Dr. Middle Name (in case of matter) Mi | POND LIFE TO BE IN YOUR NAME WILL AFFIRST Name Arrived female life to be First Name Arrived First Name | Sured (Please complete in CAPITAL LETTERS) EAR ON THE POLICY CERTIFICATE. PLEASE LEAVE A SPACE BE Surname Surname Surname Surname Surname Male 2.6 Marital Surnaried Married Married | if applicable TWEEN EACH PART OF THE NAME. |
| 1.22 Income Tax PAN Number 2. Details of the Second Title: Mr. / Mrs. / Ms. / Dr. Middle Name | pond Life to be in YOUR NAME WILL AF First Name arried female life to be First Name First Name 2.5 Ge | Sured (Please complete in CAPITAL LETTERS) EAR ON THE POLICY CERTIFICATE. PLEASE LEAVE A SPACE BE Surname Su | if applicable TWEEN EACH PART OF THE NAME. L. L |
| 1.22 Income Tax PAN Number 2. Details of the Second Title: Mr. / Mrs. / Ms. / Dr. Middle Name | Prince to be in the prince of | Sured (Please complete in CAPITAL LETTERS) EAR ON THE POLICY CERTIFICATE. PLEASE LEAVE A SPACE BE | if applicable TWEEN EACH PART OF THE NAME. L. L |
| 1.22 Income Tax PAN Number 2. Details of the Second Title: Mr. / Mrs. / Ms. / Dr. Middle Name | pond Life to be in YOUR NAME WILL AF First Name arried female life to be First Name First Name 2.5 Ge | Sured (Please complete in CAPITAL LETTERS) EAR ON THE POLICY CERTIFICATE. PLEASE LEAVE A SPACE BE | if applicable TWEEN EACH PART OF THE NAME. L. L |
| 1.22 Income Tax PAN Number 2. Details of the Second Title: Mr. / Mrs. / Ms. / Dr. Middle Name | Prince to be in the prince of | Sured (Please complete in CAPITAL LETTERS) EAR ON THE POLICY CERTIFICATE. PLEASE LEAVE A SPACE BE | if applicable TWEEN EACH PART OF THE NAME. L. L |
| 1.22 Income Tax PAN Number 2. Details of the Second Title: Mr. / Mrs. / Ms. / Dr. Middle Name | pond Life to be in YOUR NAME WILL AF First Name arried female life to be First Name First Name 2.5 Ge Indian Residing in India | Surred (Please complete in CAPITAL LETTERS) EAR ON THE POLICY CERTIFICATE. PLEASE LEAVE A SPACE BE Surname Surname Surname Unmarried Married Status Widow(er) Divorced Foreign National Person of Indian Origin 'Spe | if applicable TWEEN EACH PART OF THE NAME. L. L |
| 1.22 Income Tax PAN Number 2. Details of the Second Title: Mr. / Mrs. / Ms. / Dr. Middle Name | Port Graduate Salaried Salaried South Control of the control of | Surred (Please complete in CAPITAL LETTERS) EAR ON THE POLICY CERTIFICATE. PLEASE LEAVE A SPACE BE Surname Surname Surname Unmarried Married Female Vidow(er) Divorced Foreign National Person of Indian Origin 'Specific Status Widow(er) Not Residing in India' Specific Self-employed Business Owner Self-employed Student | if applicable TWEEN EACH PART OF THE NAME. L. L |
| 1.22 Income Tax PAN Number 2. Details of the Second Title: Mr. / Mrs. / Ms. / Dr. Middle Name | Pirst Name First Name First Name Arried female life to be II Arried female life to be II Arried female life to be II Arried female life to be First Name | Surred (Please complete in CAPITAL LETTERS) EAR ON THE POLICY CERTIFICATE. PLEASE LEAVE A SPACE BE Surname Surname Surname Unmarried Married Status Widow(er) Divorced Person of Indian Origin' 'Spectors of Spectors of Self-employed Surname S | if applicable TWEEN EACH PART OF THE NAME. L. L |
| 1.22 Income Tax PAN Number 2. Details of the Second Title: Mr. / Mrs. / Ms. / Dr. Middle Name | Pirst Name First Name First Name Arried female life to be First Name L Arried female life to be First Name Arried fe | Surred (Please complete in CAPITAL LETTERS) EAR ON THE POLICY CERTIFICATE. PLEASE LEAVE A SPACE BE Surname Surname Surname Unmarried Married Female Widow(er) Divorced Foreign National Person of Indian Origin 'Special Status Widow(er) Not Residing in India 1'Special Self-employed Business Owner Self-employed Student Retired/Pensioner Agriculturist Others (Special Special Special Self-employed) | if applicable TWEEN EACH PART OF THE NAME. L. L |
| 1.22 Income Tax PAN Number 2. Details of the Second Title: Mr. / Mrs. / Ms. / Dr. Middle Name | Pirst Name First Name First Name Arried female life to be First Name L Arried female life to be First Name Arried female life to be First Name L Arried female life to be First Name Arried female life to be First Name L Arried female life to be L Arried female life t | Surred (Please complete in CAPITAL LETTERS) EAR ON THE POLICY CERTIFICATE. PLEASE LEAVE A SPACE BE Surname Surname Surname Unmarried Married Status Widow(er) Divorced Person of Indian Origin' 'Spectors of Spectors of Self-employed Surname S | if applicable TWEEN EACH PART OF THE NAME. L. L |
| 1.22 Income Tax PAN Number 2. Details of the Second Secon | Pirst Name First Name First Name Arried female life to be First Name L Arried female life to be First Name Arried female life to be First Name L Arried female life to be First Name Arried female life to be First Name L Arried female life to be L Arried female life t | Surred (Please complete in CAPITAL LETTERS) EAR ON THE POLICY CERTIFICATE. PLEASE LEAVE A SPACE BE Surname Surname Surname Unmarried Married Status Widow(er) Divorced Person of Indian Origin' 'Spectors of Spectors of Self-employed Surname S | if applicable TWEEN EACH PART OF THE NAME. L. L |
| 1.22 Income Tax PAN Number 2. Details of the Second Title: Mr. / Mrs. / Ms. / Dr. Middle Name | Pirst Name First Name First Name Arried female life to be First Name L Arried female life to be First Name Arried female life to be First Name L Arried female life to be First Name Arried female life to be First Name L Arried female life to be L Arried female life t | Surred (Please complete in CAPITAL LETTERS) EAR ON THE POLICY CERTIFICATE. PLEASE LEAVE A SPACE BE Surname Surname Surname Unmarried Married Status Widow(er) Divorced Person of Indian Origin' 'Spectors of Spectors of Self-employed Surname S | if applicable TWEEN EACH PART OF THE NAME. L. L |
| 1.22 Income Tax PAN Number 2. Details of the Second Title: Mr. / Mrs. / Ms. / Dr. Middle Name | Pond Life to be in YOUR NAME WILL APFIRST Name arried female life to be First Name L | Surred (Please complete in CAPITAL LETTERS) EAR ON THE POLICY CERTIFICATE. PLEASE LEAVE A SPACE BE Surname Surname Surname Ler Male 2.6 Marital Unmarried Married Status Widow(er) Divorced Female Person of Indian Origin¹ 'Spe Not Residing in India¹ 'Spe Graduate Diploma 12th Pass Below 12 Business Owner Self-employed Student Retired/Pensioner Agriculturist Others (Speceesently pursuing (b) Name of Institution | if applicable TWEEN EACH PART OF THE NAME. L. L |
| 1.22 Income Tax PAN Number 2. Details of the Second Title: Mr. / Mrs. / Ms. / Dr. Middle Name | Pond Life to be in YOUR NAME WILL AF First Name arried female life to be First Name First Name 2.5 Ge Indian Residing in India Post Graduate Housewife If student (a) Course to life to be insured insured | Surred (Please complete in CAPITAL LETTERS) EAR ON THE POLICY CERTIFICATE. PLEASE LEAVE A SPACE BE Surname Surname Surname Unmarried Married Status Widow(er) Divorced Person of Indian Origin' 'Spectors of Spectors of Self-employed Surname S | if applicable TWEEN EACH PART OF THE NAME. L. L |

| | | | | | | NUP |
|----------------------------------------------------------------|---------------|----------------|--------------------|------------------------|-----------------------------------|----------------------------|
| 2.16 Name of Organisation/Business | <u> </u> | | 1 1 1 | | | |
| Address | | | | | | |
| | | | | | | |
| Į. | Landmark | | | | | Pin Code |
| City | | | | | State | |
| Phone | | 1 1 1 | 1 1 1 1 | | Mobile | |
| | STD | Code | Phone N | | _ | |
| 2.17 Life Assured's Annual Inco | me Rs. : | | If no | t earning, Parent's/Sp | ouse's Annual Income Rs. | |
| 2.18 E-mail ID | | | | | | |
| 2.19 Age proof School/C | College Certi | ificate | Municipal Record | s Defence ID | Card Passport | Others (Specify) |
| 3. Details of the Prop | ooser (if | different f | from life to b | e insured) | | |
| 3.1 Status Indivi | _ | HUF | Partnership | Corporate | Trust Governme | ent Body |
| 3.2 Full Name of Proposer | | | | | | |
| Title: Mr. / Mrs. / Ms. / Dr. | First Name | | | | | |
| | Middle Name | | | | | |
| | | _ L L L | | | | Affix Photo |
| | Surname | | | | | |
| | | L | | | | |
| 3.3 Father's Name / Husband's | 50 | nly in case of | Individual/HUF) | | | \$ |
| Title : Mr. / Dr. | First Name | 4 90 E | 1 1 1 1 | 1 1 1 1 | 4 5 1 1 5 | |
| Middle Name | | | _L_L | Surname | _L_L_L | |
| | | | | | | |
| 3.4 Date of Birth | | 3.5 Gender | Male | 3.6 Marital | Inmarried Married | 3.7 No. of Children 1 2 3 |
| Date Month Y | ear | | Female | Status V | Vidow(er) Divorced | Greater than 3 NA |
| 3.8 Nationality | Indian | | Foreign National | Person | of Indian Origin ¹ Spe | ecify Nationality |
| 3.9 Residential Status | Residing | g in India | Not Residing Indi | a¹ | ¹Spe | ecify Country of Residence |
| 3.10 Address of Proposer | _ | | (PLEASE | LEAVE A SPACE E | ETWEEN EACH PART OF | THE ADDRESS) |
| Address | | _L_L | _L_L_l | -LLLL | | |
| | | _L_L | _LLLL | _L_LL | | |
| | | | | | | Pin Code |
| City | | | | | State | |
| Phone | LLL | $_{\perp}$ | | _ L_L_L | Mobile | |
| E-mail ID | STD | Code | Phone No | o. | | |
| E-mail ID | | | | | | |
| 3.11 Relationship of Proposer v | with the Life | to be Insured | <u> </u> | | | |
| 3.12 Proposer's Details Are you the owner of any ins | surance polic | cies? | YES NO | | | |
| Total annual premium (Rs. in figures) | | | | | | |
| Work details of proposer | | | | | | |
| 3.13 Exact Nature of Duties | | | | | | |
| 3.14 Your Designation | | | | | | |
| 3.15 Is your occupation associ If yes, please give details. | | ny specific ha | zard (e.g. Chemica | al factory, mines, ex | plosives, corrosive chemi | cals etc.) YES NO |
| 3.16 Name of Organisation/Business | | | | | | |
| Address | | | | | | |
| | | | | | | |
| | | | | | | |
| City | | | | | State State | 5545 |
| Phone | | f f f | 1 1 1 1 | | Mobile | |
| 1 110110 | STD | | L L L Phone N | L L L o. | | |

| 3.17 Annual Income Rs. : |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.18 E-mail ID |
| 3.19 Age proof School/College Certificate Municipal Records Defence ID Card Passport Others (Specify) |
| 3.20 Income Tax PAN Number |
| 3.21 Are you paying premium for life insurance policies on any other life. YES NO |
| If yes, Total annual premium (Rs. in figures) |
| 4. Nomination Details (To be completed only when the proposer and the life to be insured are the same) |
| First Nominee Second Nominee 4.1 Name of the Nominee (Under section 39 of the Insurance Act 1938) |
| 4.2 Relationship to the Life to be insured |
| 4.3 Percentage of Entitlement |
| 4.4 Date of Birth |
| 4.5 Address |
| 4.6 If the nominee specified above is any person other than your parent/spouse/child, give reasons for such nomination in the space provided below: |
| |
| If Nominee is a Minor, please give details of the appointee (should be a Major) |
| a. Name of the Appointee |
| b. Relationship to the Minor c. Date of Birth Date Month Year |
| Signature |
| d. Address of the Appointee Note: In case of joint lives, this nomination shall be operative in the event of simultaneous death of both the lives insured or in the event of death of the last surviving life insured. |
| 5. Details of the plan applied for |
| 5.1 Name of the Plan |
| 5.2 Term of the Plan in years (if applicable) 5.3 Select Option (if applicable) Option A Option B Option C |
| 5.4 Premium Paying Term in years (if applicable) 5.5 Select Category (If applicable) Non Smoker Non Smoker |
| 5.6 Annual Premium in Rs. (if applicable) |
| 5.7 Cover Level (if applicable) Minimum Maximum Customer Defined (In figures) |
| 5.8 Sum Assured in Rs. (if applicable) |
| 5.9 Riders opted for (if applicable) Riders Sum Assured* (Rs.) Riders Sum Assured* (Rs.) |
| Aviva Accidental Death & |
| Dismemberment |
| Aviva Dread Disease Health Benefit Income / Family Income |
| Aviva Term / Term Plus Rider Benefit Rider Benefit Rider |
| Aviva Health Guard Rider Aviva Child Education Rider |
| (*) Rider SA shall be not exceed the base sum assured or the maximum applicable limit for riders whichever is lower. |
| 5.10 Premium Frequency Yearly Half-Yearly Quarterly Monthly' Single Premium |
| 5.11 Premium as per Frequency (in Rs.) |
| 5.12 Indexation Option (if applicable) Yes No S.13 Automatic Asset Allocation (if applicable) Yes No |
| |
| #Incase you opt for the Automatic Asset Allocation Plan, you need to allocate your premium between the appropriate funds only. |
| 5.14 Type of Fund (if applicable) Polanced Fund II |
| 5.14 Type of Fund (if applicable) |
| 5.14 Type of Fund (if applicable) Balanced Fund-II |

| | | | | | | | | | | | | | NUF | | | | | |
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| 7 Are you the holder of bank account in your own | name? | | Yes | П | No If | yes, gi | ve ba | ank c | letails | (Ma | ndat | tory i | ncase | e of Di | rect D | Debit / (| Credit | Card |
| Bank Account Number | | Π | | Τ | 1 1 | 1 | | | f | 1 | | | | | | | | |
| Credit Card Number | | | | | | | | | | | | | | | | | | |
| Bank Name | | | | | | | | | | | | | | | | | | |
| Account Type | Saving Ac | count | | Curre | nt Acco | unt | - N | RO/ | NRE | 2.0 | 4 | 28 | | | | | | |
| MICR Code (9 digits) | | ĺ | | | | | | | | | dres: inch | | | | | | | |
| 8 For Traditional Products only | | | | | | | | | | | | | | | | | | |
| Do you want back dating of the policy | Yes | П | 0 | | If ves. | Date of | of co | mme | encei | ment | | Ĩ | | Ī | 1 | Ĩ | I | 1 |
| nthly frequency is acceptable only through Direct Debit and Ele exation protects the purchasing power of the maturity value or mium, sum insured and rider benefits by an inflation adjustmen sh can only be deposited at Aviva Branch Office by the prowase check with your advisor if these facilities are available. If ment must be made by cheque / cash. stematic Transfer Plan (STP) is available only on select produrmation and transaction login ID and Password to enable you | r death benefit so that in line with the incoposer or by his/he yes, please compleucts. Please refer to u to access your pole | nat your crease in er represente the I o the key | savings in the Wh sentativ Direct D y feature ount on | remain holeSale ve. Cash bebit Inst e docum the web | ayment a meani e Price In receip tructions | dex, wit will be Mandat | ount t hout issued e, rele | hroug any e d only evant | hout the viden of at Av | ne dur ce of l iva Bi e Slip | nealth ranch or EC | h. Offic CS Ma | policy. e. ndate | Form, a | ave the | option o | n case | of ECS |
| Family and personal details of the ersonal Details | ne lite to b | e ins | sure | a | | | | | | | | | | | | | | |
| .1 Your Height / Weight | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | Fi | irst Li | fe | S | econ | d Life |
| Height (in cms) | | | | | | | | | | | | | | | | | | _L |
| Weight (in kgs) | | | | | | | | | | | | | 1 | 1 | | 1 | - 1 | 1 |
| Have you experienced any change in weight of mo | ore than 5 kgs i | n the p | ast 1 v | vear? | | | | | | | | YE | ٥٢ |] NC | | YES | | NO |
| | | 21112022001 | CALIFORNIA . | A (1000 to 100 | | | | | | | | | H | 1 | H | | H | Г |
| f yes, how many kgs of | | | | | | | | | | | | Lo | SS | Gair | - | Loss | · | Gain |
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| | obacco / Smoking | | | Fir- | t Life | Casser | 41:50 |
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| (i | i) Do you smoke/consi | me or have you ever smoked/consumed c | cigars, cigarettes, beedies or any other tobacco | | t Life | Second | |
| 353 | products (pan masal | a etc.) | | YES | NO | YES | NO |
| | If yes, how many cig | arettes/cigars/beedies/tobacco pouches do | o you consume per day? | | | | |
| | For how long | | | | | | |
| (i | ii) Have you ever soug | t or been given medical advice to reduce/a | abstain from smoking/tobacco consumption? | YES | NO | YES | NO |
| Α | lcohol | | | | | | |
| (i | i) Do you take or have | you ever taken alcohol? | | YES | NO | YES | NO |
| | | If yes, how many units of alcohol do you consume per week? | | | | | |
| | State State | peer/1 glass of wine/1 peg measure of spiri | its) | Unit | | Unit | |
| | For how long | | | | | | |
| (i | ii) Have you ever sough | t or been given medical advice to reduce the | he level of/abstain from drinking? | YES | NO | YES | NO |
| | rug Abuse | | | | | | |
| (1) | | ns, herbs, opiates, sedatives, solvents, etc | ugs like amphetamines, barbiturates, cannabis, other than for treatment of a medical condition | YES | NO | YES | NO |
| | If yes pls provide full | detail including name of drug & date when | usage commenced and ceased. | | | | |
| Hav | ve you been required to | take time off from work on health grounds | 6? | YES | NO | YES | NO |
| . Apa | art from work, has your | health placed any restrictions on your norr | mal daily activities? | YES | NO | YES | NO |
| . Do y | you have any history of crin | inal charges / proceeding against you and / or are | there any criminal charges or proceeding pending against | VE0 | NO[] | VE0 | NO |
| | | / or were you convicted in any criminal proceeding luding dates and reason and nature of cha | g and/or are on bail / probation / suspended sentence? arges. | YES | NO | YES | NO |
| For | r Female Lives only: | | | | | | |
| | (i) Are you pregnant | , | | YES | NO | YES | NO |
| | | | If yes, number of weeks pregnant | | | Ī | 1 |
| | (ii) Have you had, or | do you have any complications of pregnan | | YES | NO | YES | NO |
| | (iii) Have you had, or | do you have any gynaecological problem? | <u> </u> | YES | NO | YES | NO |
| | | | | | | | |
| | (IV) For married tema | es, spouse insurance details (total sum ins | ured in Rs.) | | | | |
| | | card / ID which is specifically issued for econominot applicable, if this is not applicable to you) | ic and financially backward strata of the society like BPL | ./APL Card, N | MNREGA Ca | ard etc., pleas | se give |
| rst Lif | Question No. | | e details for all the above questions answered "YES", r on, cause, symptoms, diagnosis, treatment, results wi | | | of medical | |
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| econo | d Life | | | an name & ad | | | hysician |
| econo | d Life Question No. | Please provide complete condition/illness/injury, dates, reas | e details for all the above questions answered "YES", r on, cause, symptoms, diagnosis, treatment, results wi | nentioning ex | act nature | attending p | |
| econo | | Please provide complete condition/illness/injury, dates, reas | e details for all the above questions answered "YES", r on, cause, symptoms, diagnosis, treatment, results wi | nentioning ex | act nature | attending p | |
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|-------------------------------|-----------------------------------------------------------|-------------------------|-------------------|-------------|-------------------------|-------------------|---------------|-----------------------------------------|----------------|------------|-------------------|
| | | | | | | | | First | Life | Second | Life |
| 6.3 Do you ha ailments.) | ave a family doctor (A fa | mily doctor is a do | ctor that you | | | | | 1E3 | NO | YES | NO |
| 6.4 Family Doc | etor's Dotails | | | If ye | s, please | give family doc | tor's details | | | | |
| Name | Lor's Details | | | | | LLL | | | | | |
| Address | | | | | | | | Pin Co | de | | |
| City | | | | | | State | | | | | |
| Phone | STD | | Phone | No. | LL | L | Mobile | | _L_L | | LL |
| Hobbies/ | Travel Details | | | | | | | | | | |
| | | | | | | | | Fir | st Life | Seco | nd Life |
| 7.1 Do you tal gliding etc | ke part in any form of m c.? | otor sport, climb | ing, diving, | caving, f | lying priv | ate aircraft, sk | y diving, h | ang YES | NO | YES | NO |
| | | | | | (| If yes, please g | ive details) | - | | -:- | |
| | ravelled abroad (other that ospect of doing so as part | | | | | | | | NO | YES | NO_ |
| Insurance | e Details | | | | | | | | | | |
| | | | | | | | | Fir | st Life | Seco | nd Life |
| | olding any life, health or taneous proposal with u | | | | | | | itted YES | NO | YES | NO |
| If yes, give det | tails of existing insuran | ce cover of in-for | ce/paid-up p | oolicies in | the nam | e of life to be i | nsured. Ple | ease include po | licies from | Aviva Life | Insurar |
| First Life | re than two policies exis | t, then give detai | ls of all the | policies b | oy attachi | ng an addendi | um). | 550 | | | |
| a. N: | ame of the Insurer | Type of Policy | Term of Policy | | Assured/Pa um Assure | | | ether accepted a ot, state the extra | | | Riders Covered |
| | | | | | | | | | | | |
| | ame of the Insurer | Type of Policy | Term of Policy | | Assured/Paum Assure | | | ether accepted a | | | Riders Covered |
| | mourer | 1 oney | 1 oney | | uiii Assuit | d Of is | isuc ii iic | ot, state the extra | a charge in | poscu | Covered |
| | | | | | | | | | | | |
| b. Total annua | I premium of Life Insuranc | e Policies in your | own name (F | Rs. Figures | 5) | | | | | | |
| | ever made any claim on yoully recovered? | our critical illness or | r health polic | y other tha | an for mind | r ailments from | which | YES | NO | YES | NO |
| | | | | | (| If yes, please g | ive details) | | | | |
| | roposal or application for or accepted on special te | | | | | ical illness cove | er been dec | lined, YES | NO | YES | NO |
| | | | | | (| If yes, please g | ive details) | - | | | |
| e. Are you pa | ying premium for life insu | rance policies on a | any other life |). | | | | YES | NO | YES | NO |
| | surance Details (To be cowing information is requi | | | ured is s | tudent or | | ndividual) | res) | | - | |
| i ne toll | owing information is requ | First Life | t of the life t | o be insur | eu and no | ule proposer. | A | Second Lif | fe | | |
| | Name of the company | Policy Number/s | Sum Assured | Status | Year of Issue | Name of the co | mpany | Policy Number/s | Sum Assured | Status | Year of |
| Father | | | | | | | | | | | |
| Mother | | | | | | | | | | | |
| Spouse | | | | | | | | | | | |
| Brother/Sister | | | | | | | | | | | |

Brother/Sister Brother/Sister

9. Declaration & Authorization

- I/We declare and confirm that all the replies to the questions in the proposal, the details furnished in the enclosed questionnaires and the reports of any medical examination are provided to the best of my/our knowledge and I/we have fully understood the nature of the questions and importance of disclosing all material information while answering such questions. I / We are aware that the policy is sourced on the basis of limited health questions and I/ We declare that no material information required by Aviva Life Insurance Company India Limited (hereinafter referred to as "the Company") to assess the risks on my/our life is withheld with me/us.
- 2 I/We undertake to notify the Company of any change in the state of health of the life to be insured or as to my/his/her occupation subsequent to the signing of this proposal and before the acceptance of the risk by the Company.
- 3 I/we also certify that I/we have read and understood the Benefits Illustrations and the sales literature as published by the Company that were handed *over* to me/us along with this proposal form.
- I/We hereby authorise the Company to conduct screening/confirmation/reconfirmation of my/our health status through medical examinations which may include Laboratory tests, Cardiac, Radiological investigations and other medical tests including blood tests to detect bacterial/viral/fungal infections. I/We hereby give my/our consent to undergo HIV ½ test by ELISA method. I/We am aware that this test is only for screening purpose and not confirmatory for HIV/AIDS. Based on the results of these test, the Company reserves the right to accept, decline or offer alternate terms on my/our proposal for life insurance. I/We understand that these tests are being conducted as per the Company's underwriting policy for assessing my/our risk profile and I/We are hereby giving our consent for the same.
- In order to enable the Company to assess the risk under this proposal and any time thereafter, I/We hereby authorize the past and present employer(s)/ business associates of mine, my medical practitioner/ hospital/ medical source/ any life and non-life Insurance Company/ organization or Life Insurance Association to release to the Company the records of employment/ business or other details of mine as may be considered relevant for acceptance or otherwise of the proposal.
- In order to enable the Company to assess the risk under my/our proposal and any time thereafter, solely for the purpose of issuance and administration of the policy resulting from this proposal I/We agree and declare that the Company may without any reference to me/us (or to my/our beneficiary, as the case may be) disclose any information contained in the proposal, the annexure, in the reports of any medical examination / laboratory tests or in the documents submitted by me / or procured by the Company to any other insurer or to any reinsurer, to any claims investigator or any service provider engaged by the Company. Likewise the Company may make available copies of the proposal form, annexures, reports of any medical examination laboratory tests or any documents submitted by me/us (or, as the case may be, by my/our beneficiary) or procured by the Company to any insurer to any claims investigator or any service provider engaged by the Company for servicing the policies. So also the Company may without any reference to me/us (or, as the case may be, to my/our beneficiary) furnish to any court / tribunal or other authority any such information or proposal, annexure, reports or documents as may be required of the Company or as may be considered necessary by the Company.
- 7 I/ We declare that the deposit towards the first premium and the renewal premium to be paid under the Policy are from legally assessed source of Income. In case the premium is paid from any other account other than my /our own, I/we shall ensure that such payment is permitted under Section 80C/80CCC of the Income Tax Act, 1961. I/We declare that in case I/we are found guilty of any offence relating to Anti Money Laundering law, the Company will be in within the rights to cancel the policy issued pursuant to this proposal & forfeit all the premium.
- 8 I/ We hereby understand and agree that Fraud or Misrepresentation would be dealt with in accordance with the provisions of Section 45 of Insurance Act, 1938 as amended from time to time.
- 9 I/We agree and confirm to the use of electronic medium, including email, as a mode of communication, in relation to this proposal / resulting policy, from and to the Company.
- In case, for any reason this proposal has not been filled in by me, I/we hereby declare that the contents of this application for insurance, have been fully explained to me/us & I/we have fully understood the significance of the proposed contract. This proposal form shall be a part of the life insurance policy contract, in case of its acceptance by the Company.

| Please tick the suitable timings to contact you: First Life | 9 AM - 12 PM Second Life | 12 PM - 4 PM 4 PM - 7 PM |
|-----------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Signature* / thumb impression* of the life to be insured | Signature* / thumb impression* of the life to be insure | Signature* / thumb impression* of the proposer (if different from the life to be insured) |
| Date: Place : | Date: Place : | Date: Place : |
| the proposal has not been filled in by | the proposer). | vernacular language, thumb impression and/or in case |
| | to be insured/proposer. Enclose identity proof of the | 1/proposer and that he/she has fully understood the same and I have e declarant. Handwritten Vernacular Declaration |
| Pin Code | | |
| | Signature of declarant Signature | of Advisor/SP Signature of life to be insured/proposer |

11, Section 41 & 45 of Insurance Act 1938

41. (1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer:

Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.

- (2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.
- 45. (1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
- (2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.

(3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer:

Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

(4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued:

Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based:

Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

(5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

For a complete text of Section 45 please refer to Insurance Act, 1938 as amended from time to time.



A Joint Venture between Dabur Invest Corp. and Aviva International Holdings Limited

Aviva Life Insurance Company India Limited

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E-mail: customerservices@avivaindia.com

IRDA Registration No. 122

Registered Office: 2nd Floor, Prakashdeep Building, 7, Tolstoy Marg, New Delhi-110 001, India Corporate Identity Number (CIN): U66010DL2000PLC107880

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